

**REPORT OF RECEIPTS AND EXPENDITURES**

**OF A POLITICAL COMMITTEE**  
State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**IS THIS AN AMENDMENT?**  Yes  No

108

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name  
Pete for South Bend

2. Acronym or Abbreviated Name, if any

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
PO Box 1433

5. City, State, ZIP Code  
South Bend, IN 46624

8. Party Affiliation (if applicable)

7. Full Name of Candidate (include any nickname)  
Peter Buttigieg

8. Party Affiliation or If Independent Candidate

9. Office Sought (include district number, if any. Not required for exploratory committee)  
Mayor of South Bend, IN

10. County of Residence  
St. Joseph

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_  
 Final/Disbands Committee (lines 18, 19 and 20 must be "0")  Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

Pre-Convention  
 Post-Convention

**12. Reporting Period**

From: 01/01/2018 Through: 12/31/2018

**COLUMN A**

This Period

**COLUMN B**

Year to Date

13. Cash on hand and Investments at the beginning of this reporting period

\$210,431.69

14. Cash on hand and Investments January 1, current year

\$210,431.69

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions)

15a. Itemized (use Schedule A)	\$127,240.39	\$127,240.39
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15b. Unitemized	\$1,207.87	\$1,207.87
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15c. Add lines 15a and 15b In both columns	SUBTOTAL	\$128,448.26	\$128,448.26
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16. Add lines 13 and 15c In Column A and lines 14 and 15c In Column B	TOTAL	\$338,879.95	\$338,879.95
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**EXPENDITURES**

(Note: these amounts include in-kind expenditures and loan repayments)

17a. Itemized (use Schedule B)(Public Question: use Schedule C)	\$218,010.22	\$218,010.22
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17b. Unitemized	\$1,721.40	\$1,721.40
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17c. Add lines 17a and 17b In both columns	SUBTOTAL	\$219,731.62	\$219,731.62
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18. Cash on hand and Investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$119,148.33	\$119,148.33
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19. Debts OWED BY the committee (use Schedule D)	\$0.00	
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20. Debts OWED TO the committee (used Schedule E)	\$0.00	
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**CERTIFICATION**

**FOR OFFICE USE ONLY**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer	Title TREASURER	Date 1/14/19
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Signature of Candidate (if applicable)	Date 1/14/19	
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-4-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

CIRCUIT COURT

2019 JAN 14 P 3:04

S. JOSEPH COUNTY CLERK

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Heather Cheslek 3176 Pickford Dr SE Ada, MI 49301	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$200.00	08/03/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Rick & Anne Morgan 1417 Olivia Cir South Bend, IN 46614	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$500.00	\$500.00	09/25/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$25.00	\$25.00	01/27/2018 James Aranowski
Contributor's Occupation (if required)				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$725.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER
Page <u>3</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Randolph Rompolo 17300 Weatherstone Ct Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,500.00	\$1,500.00	05/14/2018 James Aranowski
<b>Attorney/Legal Occupations</b>				
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Duke Downey 26099 Fawnwood Ct Bonita Springs, FL 34134	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,500.00	\$1,500.00	05/22/2018 James Aranowski
<b>General Business</b>				
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Leslie Gerbitz 1296 Franklin Dr Cleveland, WI 53015	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,500.00	08/21/2018 James Aranowski
<b>Healthcare/Medical Occupations</b>				
Contributor's Occupation (if required)				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$4,000.00
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 4 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mike Bieganski 15151 Clifden Dr Granger, IN 46530	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$800.00	\$860.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Hoon 11 Interlaken Rd Lakeville, CT 06039	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$25.00	\$100.00	05/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$50.00	\$50.00	01/18/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$875.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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Page 5 of 108

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Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$25.00	\$75.00	03/29/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$25.00	\$225.00	10/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$50.00	\$300.00	06/20/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$100.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 6 of 108

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Woodrow A Myers Jr. 6861 Fox Lake Ct Indianapolis, IN 46278	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$777.77	\$777.77	07/12/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$25.00	\$175.00	07/31/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Richard L. Hill 16327 Cypress Ct Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$2,500.00	\$2,500.00	06/11/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$3,302.77</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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Page 8 of 108

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Mark W Neal 1329 E Washington St South Bend, IN 46617	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$4,560.00	08/03/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Maceo Lewis 9880 Blue Ridge Way Indianapolis, IN 46234	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$200.00	\$200.00	08/03/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Aaron W Blank 1810 Deepwood Ct Mishawaka, IN 46544	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	05/01/2018 James Aranowski
Contributor's Occupation (if required)				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$2,300.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 1D-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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Tela Schulman Hektor PO Box 170 Lakeville, IN 46536	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$150.00	\$150.00	07/13/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Paul A. Hurmel 60615 Woodstock Ct South Bend, IN 46614	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$100.00	\$100.00	05/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$50.00	\$250.00	05/22/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$300.00
<b>TOTAL OF ALL PAGES OF SCHEOULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>	<b>\$71,217.77</b>

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 10 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Steven Goldberg 144 E North Shore Dr South Bend, IN 46617	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	05/01/2018 James Aranowski
Financial/Investment Occupations				
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Anna M. Milligan 17109 Adams Rd Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	05/22/2018 James Aranowski
Healthcare/Medical Occupations				
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$25.00	\$125.00	05/31/2018 James Aranowski
Contributor's Occupation (if required)				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$3,525.00</b>	[Redacted]
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet)	<b>\$71,217.77</b>	[Redacted]

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 11 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TD-DATE	DATE RECEIVED	RECEIVED BY																																																																																											
<p>Bill E Hall 590 W Robert Ct Greenfield, IN 46140</p> <p align="center">Construction/Engineering</p> <p>Contributor's Occupation (if required)</p>																																																																																																	
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Contributions:</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Direct</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> In-Kind (describe)</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td colspan="7"><hr/></td> </tr> <tr> <td colspan="7"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Other Receipts</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> Interest</td> <td><input type="checkbox"/> Loan</td> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Miscellaneous (specify)</td> <td colspan="3"></td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="7"><hr/></td> </tr> </table> </td> </tr> <tr> <td colspan="7"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">\$2,000.00</td> <td colspan="3"></td> <td colspan="3">\$4,500.00</td> </tr> <tr> <td colspan="7"><hr/></td> </tr> <tr> <td colspan="7"> <p align="right">James Aranowski</p> </td> </tr> </table> </td> </tr> </table>							Contributions:							<input checked="" type="checkbox"/> Direct							<input type="checkbox"/> In-Kind (describe)							<hr/>							<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Other Receipts</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> Interest</td> <td><input type="checkbox"/> Loan</td> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Miscellaneous (specify)</td> <td colspan="3"></td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="7"><hr/></td> </tr> </table>							Other Receipts							<input type="checkbox"/> Interest	<input type="checkbox"/> Loan						<input type="checkbox"/> Miscellaneous (specify)							<hr/>							<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">\$2,000.00</td> <td colspan="3"></td> <td colspan="3">\$4,500.00</td> </tr> <tr> <td colspan="7"><hr/></td> </tr> <tr> <td colspan="7"> <p align="right">James Aranowski</p> </td> </tr> </table>							\$2,000.00				\$4,500.00			<hr/>							<p align="right">James Aranowski</p>						
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Gary Allen Gilot 1904 Lilac Trails Ct South Bend, IN 46628  Construction/Engineering  Contributor's Occupation (if required)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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SUBTOTAL THIS PAGE OF SCHEDULE A	\$2,085.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

**FILE NUMBER**

Page 12 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TD-DATE	DATE RECEIVED RECEIVED BY
Troy Woodruff 106 Harrison Dr Vincennes, IN 47591	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$80.00	\$80.00	08/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
Michael Hinton 6200 Vogel Rd Evansville, IN 47715	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$5,000.00	\$7,500.00	09/07/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$25.00	\$50.00	03/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$5,105.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEOLE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 16a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 13 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Tracy Williams 101 W Ohio St Ste 820 Indianapolis, IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$500.00	\$500.00	07/13/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Tim D Leman 24511 Seaside Ct Edwardsburg, MI 49112	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$250.00	\$250.00	06/05/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Bob Wernock 2405 Edison Rd South Bend, IN 46615	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$250.00	\$250.00	09/03/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	\$1,000.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 1D-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 14 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$25.00	\$150.00	06/29/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Paul A. Hummel 60615 Woodstock Ct South Bend, IN 46614	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$500.00	\$600.00	08/03/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$50.00	\$450.00	09/18/2018 James Aranowski
Contributor's Occupation (if required)				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$575.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 15 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Anthony O. Johnson 3912 W Dale Ave Tampa, FL 33609	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$450.00	\$450.00	09/17/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$50.00	\$200.00	04/18/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Bill E Hall 590 W Robert Ct Greenfield, IN 46140	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	05/01/2018 James Aranowski
Contributor's Occupation (if required)				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$3,000.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 16 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mike Leep 5201 Grape Rd Mishawaka, IN 46545	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$10,000.00	\$10,000.00	05/24/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )	Automotive Industry Owner			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Ed and Julia J Jordanich 1404 Honan Dr South Bend, IN 46614	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$2,500.00	\$2,500.00	05/01/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )	Financial/Investment Occupations			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Donnie Ginn 5495 S Grandin Hall Cir Carmel, IN 46033	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> )  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> )	\$200.00	\$200.00	08/03/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$12,700.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 17 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input checked="" type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$25.00	\$300.00	12/29/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Leslie Gerbitz 1296 Franklin Dr Cleveland, WI 53015	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input checked="" type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$500.00	\$500.00	07/13/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Alan and Michelle Engel 50741 Ashford Ln Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input checked="" type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/21/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$775.00
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts (totaled on ITEM 15a of the Summary Sheet). All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 18 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Michael Guzik 128 S Hawthorne Dr South Bend, IN 46617	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$80.00	\$680.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Marc Albert 1223 O St NW Washington, DC 20005	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$500.00	\$500.00	06/19/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Charles Hayes 1634 E Jefferson Blvd South Bend, IN 46617	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$830.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES**

**OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

<b>FILE NUMBER</b>
Page <u>19</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Gary Allen Gilot 1904 Lilac Trails Ct South Bend, IN 46628	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$800.00	\$800.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mary Downes 101 N Michigan St Apt 520 South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$1,500.00	\$1,500.00	05/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b> Retired				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
David Matthews 215 E Colfax Ave South Bend, IN 46617	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$1,000.00	\$1,000.00	05/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b> Real Estate Professional				

<b>SUBTOTAL THIS PAGE OF SCHEMEULE A</b>	\$3,300.00	
<b>TOTAL OF ALL PAGES OF SCHEMEULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.**

FILE NUMBER

Page 20 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Michael Guzik 128 S Hawthorne Dr South Bend, IN 46617	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$100.00	\$100.00	05/01/2018 James Branowski
<b>Contributor's Occupation (if required)</b>				
<b>CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i></b>				
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$50.00	\$150.00	03/18/2018 James Branowski
<b>Contributor's Occupation (if required)</b>				
<b>CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i></b>				
Anne Nobles 8801 Worthington Ct. Indianapolis, IN 46278	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$1,000.00	\$1,000.00	07/02/2018 James Branowski
<b>Contributor's Occupation (if required)</b>				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$1,150.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i></b>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 21 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dolores Garcia 962 Riverside Dr South Bend, IN 46616	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$50.00	\$400.00	08/18/2018 James Aranowski
Contributor's Occupation (if required)				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Robert J. Urbanski 21533 Golden Maple Ct South Bend, IN 46628	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$2,000.00	08/03/2018 James Aranowski
Contributor's Occupation (if required) General Business				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
F. Joseph Loughrey 528 E Walnut St Indianapolis, IN 46202	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	05/01/2018 James Aranowski
Contributor's Occupation (if required) Retired				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$3,550.00</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$71,217.77</b>

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 22 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Michael Guzik 128 S Hawthorne Dr South Bend, IN 46617	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$500.00	\$680.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Matthew M Kahn 51865 W Gatehouse Dr South Bend, IN 46637	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$500.00	\$500.00	07/02/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Craig & Sandra Brunner 1401 E Barberry Ln Mount Prospect, IL 60056	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$500.00	\$500.00	07/13/2018 James Aranowski
<b>Contributor's Occupation (if required)</b> General Business				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,500.00
TOTAL OF ALL PAGES OF SCHEQUEL A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>	\$71,217.77

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 23 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Abraham And Sara Marcus 51156 Ridge Stone Ct Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	05/22/2018 James Aranowski
Real Estate <u>Contributor's Occupation (if required)</u> Professional				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Kevin Kelly 51320 Pebble Beach Ct Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	03/15/2018 James Aranowski
Construction/Engineering <u>Contributor's Occupation (if required)</u>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mike Bieganski 15151 Clifden Dr Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$60.00	\$860.00	08/03/2018 James Aranowski
<u>Contributor's Occupation (if required)</u>				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$5,060.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u>24</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Keith Moon 11 Interlaken Rd Lakeville, CT 06039	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$25.00	\$275.00	11/29/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Craig & Sandra Brunner 1401 E Barberry Ln Mount Prospect, IL 60056	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$1,000.00	\$1,500.00	08/21/2018 James Aranowski
<b>Contributor's Occupation (if required)</b> General Business				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Greg Henneke 333 Massachusetts Ave Unit 607 Indianapolis, IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$2,000.00	\$2,000.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b> Construction/Engineering				

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$3,025.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>	<b>\$71,217.77</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER	
Page <u>25</u> of <u>108</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Thomas Holmer 52698 Swanson Dr South Bend, IN 46635	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$800.00	\$800.00	08/03/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
J Anne J Montgomery 222 Marquette Ave South Bend, IN 46617	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	05/02/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Sky Medors 4616 E MacGregor Rd South Bend, IN 46614	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	05/01/2018 James Aranowski
<b>Contributor's Occupation (if required)</b>				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,900.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$71,217.77		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.**

FILE NUMBER
Page <u>29</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mike Bieganski 15151 Clifden Dr Granger, IN 46530	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p>	\$100.00	\$960.00	09/01/2018 James Aranowski
Contributor's Occupation ( <i>if required</i> )				

SUBTOTAL THIS PAGE OF SCHEDULE A	\$100.00
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$71,217.77

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS AND RECEIPTS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side.**  
This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest, or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 30 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TD-DATE	DATE RECEIVED RECEIVED BY
Four Winds Casino 11111 Wilson Rd New Buffalo, MI 49117	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$2,000.00	08/03/2018 James Aranowski
Selge Construction Co., Inc. 2833 S 11th St Niles, MI 49120	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,050.00	\$2,050.00	08/03/2018 James Aranowski
St. Joseph Valley Assoc. PHCC Inc. 4609 Grape Rd Ste B6 Mishawaka, IN 46545	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$3,300.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$15,359.40	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 31 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
The Claremont Colleges 101 S Mills Ave Claremont, CA 91711	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input checked="" type="checkbox"/> Miscellaneous (specify) Reimbursement</p>	\$768.40	\$768.40	11/27/2018 J. Aronowski
Bob Frame Plumbing and Heating, Inc., 2442 Jaclyn Ct South Bend, IN 46614	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$500.00	\$500.00	08/03/2018 James Aranowski
Pyramid Equipment, Inc. 211 S Prairie St P.O. Box 127 Rolling Prairie, IN 46371	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$2,268.40	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$15,359.40	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest, or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 32 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Bender Electric, Inc. PO Box 143 Cassopolis, MI 49031	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$100.00	\$100.00	08/01/2018 James Aranowski
Pemberton-Davis Electric, Inc. PO Box 1034 Mishawaka, IN 46546	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$1,050.00	\$1,050.00	08/03/2018 James Aranowski
CJ's Pub Inc. 236 S Michigan St South Bend, IN 46601	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$250.00	\$250.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,400.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	\$15,359.40	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest, or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
Page <u>36</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Charles S. Hayes, Inc. 814 Marietta St South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (<i>describe</i>)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (<i>specify</i>)</p> <hr/>	\$1,500.00	\$1,500.00	07/30/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,500.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>	\$15,359.40	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-3)**

**CONTRIBUTIONS BY LABOR  
ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page 37 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Carpenters Local 413 315 N Lafayette Blvd South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/03/2018 James Aranowski
St. Joseph Valley Building Trades Council Political Fund 1345 Northside Blvd 1345 Northside Blvd. South Bend, IN 46615	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/29/2018 James Aranowski
Roofers Local 23 1345 Northside Blvd South Bend, IN 46615	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/21/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$750.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>	\$750.00	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY POLITICAL ACTION  
COMMITTEES  
Itemized Contributions and Other  
Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

		FILE NUMBER
		Page <u>38</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Arcadis U.S., Inc. Political Action Committee 630 Plaza Dr Ste 100 Highlands Ranch, CO 80129	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$1,000.00	07/13/2018 James Aranowski
Indiana Realtors PAC 7301 N Shadeland Ave Indianapolis, IN 46250	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$1,000.00	03/15/2018 James Aranowski
Arcadis U.S., Inc. Political Action Committee 630 Plaza Dr Ste 100 Highlands Ranch, CO 80129	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest    <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$2,000.00	\$3,000.00	08/21/2018 James Aranowski

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$4,000.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$9,500.00</b>	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
ORGANIZATIONS  
Itemized Contributions and Other  
Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY OTHER ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidates, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, refunds of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Plews Shadley Racher & Braun, LLP 1346 N Delaware St Indianapolis, IN 46202		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$2,500.00	\$2,500.00	06/13/2018 James Aranowski
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Democratic Party of Virginia 919 E Main St Ste 2050 Richmond, VA 23219		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous (specify) Reimbursement	\$154.34	\$308.68	11/27/2018 J. Aronowski
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Pokagon Band of Potawatomi Indians 58620 Sink Rd Dowagiac, MI 49047		Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$3,000.00	\$3,000.00	09/19/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$5,654.34
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
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FILE NUMBER
Page <u>41</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
NewDeal PO Box 73033 Washington, DC 20056	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input checked="" type="checkbox"/> Miscellaneous (specify) Reimbursement</p>	\$562.40	\$562.40	05/01/2018 James Aranowski
Barnes & Thornburg, LLP 11 S Meridian St Indianapolis, IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$4,000.00	08/03/2018 James Aranowski
A. Marcus Company PO Box 4343 South Bend, IN 46634	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$2,000.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$4,562.40
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
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FILE NUMBER
Page 42 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Beam, Longest, And Neff, LLC 8126 Castleton Rd Indianapolis, IN 46250	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$4,500.00	08/21/2018 James Aranowski
Christopher B Burke Engineering, LLC 220 W Colfax Ave Ste 500 South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	05/01/2018 James Aranowski
ARP Global Holdings, LLC 750 Lincoln Way E South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$2,080.00	08/03/2018 James Aranowski

<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>	<b>\$5,000.00</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>	<b>\$30,413.22</b>

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
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FILE NUMBER
Page 43 of 1DB

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Barnes & Thornburg, LLP 11 S Meridian St Indianapolis, IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,000.00	\$2,000.00	06/07/2018 James Aranowski
Beam, Longest, And Neff, LLC 8126 Castleton Rd Indianapolis, IN 46250	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	06/04/2018 James Aranowski
Niezgodski for State Senate District 10 4942 Scenic Dr South Bend, IN 46619	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$5,500.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
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FILE NUMBER

Page 44 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Democratic Party of Virginia 919 E Main St Ste 2050 Richmond, VA 23219	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input checked="" type="checkbox"/> Miscellaneous (specify) Reimbursement</p>	\$154.34	\$308.68	11/27/2018 J. Aronowski
HWC Engineering 135 N Pennsylvania St Ste 2800 Indianapolis, IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$1,000.00	\$1,000.00	08/03/2018 James Aranowski
McCormick Engineering, LLC 234 Ironwood Drive South Bend, IN 46615	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,404.34	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
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FILE NUMBER
Page <u>45</u> of <u>108</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TD-DATE	DATE RECEIVED RECEIVED BY
Hilton- Austin, Texas 500 E 4th St Austin, TX 78701	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <p>Reimbursement</p>	\$894.00	\$894.00	03/05/2018 E. Gurwitz
Jones Petrie Rafinski 4703 Chester Dr Elkhart, IN 46516	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$800.00	\$800.00	08/03/2018 James Aranowski
Christopher B Burke Engineering, LLC 220 W Colfax Ave Ste 500 South Bend, IN 46601	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$800.00	\$1,800.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$2,494.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
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FILE NUMBER
Page 46 of 108

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
ARP Global Holdings, LLC 95 W Main St Benton Harbor, MI 49022	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$2,500.00	\$2,500.00	06/13/2018  James Aranowski
Warner Legal Services, LLC 110 S Taylor St South Bend, IN 46601	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$250.00	\$250.00	08/03/2018  James Aranowski
A&Z Engineering 1220 Ruston Pass Fort Wayne, IN 46825	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts  <input type="checkbox"/> Interest    <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$1,400.00	\$1,400.00	08/03/2018  James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$4,150.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
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		FILE NUMBER		
		Page <u>47</u> of <u>108</u>		
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Florida Democratic Party 214 S Bronough St Tallahassee, FL 32301	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous (specify) Reimbursement	\$518.14	\$518.14	10/18/2018 J. Aronowski
DLZ Indiana, LLC 2211 E Jefferson Blvd South Bend, IN 46615	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$1,050.00	\$1,050.00	08/01/2018 James Aranowski
ARP Global Holdings, LLC 750 Lincoln Way E South Bend, IN 46601	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$80.00	\$2,080.00	08/03/2018 James Aranowski

SUBTOTAL THIS PAGE OF SCHEDULE A	\$1,648.14
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$30,413.22

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 48 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$33.58	\$188.21	10/22/2018
Code O Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose payroll	\$3,000.00	\$54,992.77	08/31/2018
Code O United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose flight to Newark, NJ	\$333.20	\$7,480.90	11/17/2018
Code O Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$8.16	\$22.10	07/12/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose credit card fee	\$26.32	\$45.74	05/02/2018
Code O The United States Conference of Mayors 1620 I St NW Washington, DC 20006			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose membership	\$700.00	\$700.00	11/05/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$4,101.26		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 49 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>  ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.13	\$116.95	10/05/2018
Code <u>0</u>  Etsy 117 Adams St Brooklyn, NY 11201			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose gifts	\$150.00	\$150.00	12/05/2018
Code <u>0</u>  Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$22.88	\$229.49	04/19/2018
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$64.90	01/03/2018
Code <u>0</u>  Elbel Golf Course 26595 Auten Rd South Bend, IN 46628			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Golf Outing	\$4,291.00	\$4,291.00	08/13/2018
Code <u>0</u>  St. Joseph County Democratic Party 135 S Lafayette Blvd South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Rent	\$1,500.00	\$3,300.00	09/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				<b>\$5,984.96</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including In-Kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 50 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
OFFICE SOUGHT (if applicable)						
Code <u>0</u>	AT&T Wireless PO Box 6416 Carol Stream, IL 60197		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose cell phone	\$155.15	\$366.48	02/05/2018
Code <u>0</u>	ActBlue PO Box 441146 West Somerville, MA 02144		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.13	\$3.62	03/05/2018
Code <u>0</u>	American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose flight	\$408.30	\$1,601.65	10/15/2010
Code <u>0</u>	Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617	Mayor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$68.23	\$373.65	05/25/2018
Code <u>0</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$4,200.00	\$11,247.51	06/26/2018
Code <u>0</u>	United Airlines PO Box 66100 Chicago, IL 60666		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$138.30	\$3,645.80	04/23/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$4,971.11	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)						

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 51 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TD-DATE	DATE OF EXPENDITURE
Code <u>0</u> Chase Ink Business Plus 270 Park Ave New York, NY 10017			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Payment- Food and Travel	\$372.59	\$372.59	02/06/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$3.00	\$138.86	03/08/2018
Code <u>0</u> American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$140.80	\$205.48	08/30/2018
Code <u>0</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OR 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$21.82	\$149.42	07/01/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$31.28	\$429.48	10/15/2018
Code <u>0</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$37.88	\$232.86	10/31/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$607.37	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>						

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 52 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>	Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Technical Fee	\$25.90	\$237.67	09/18/2018
Code <u>0</u>	1st Source Bank 100 N Michigsn St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$279.60	04/03/2018
Code <u>0</u>	Michael R Schmuhl 1441 Garland Cir South Bend, IN 46614	Manager		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$277.20	\$277.20	08/01/2018
Code <u>0</u>	Merry Me Events 69956 Brizendine St Edwardsburg, MI 49112			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$348.00	\$348.00	05/01/2018
Code <u>0</u>	Marriott Salt Lake City 220 S State St Salt Lake City, UT 84111			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$156.96	\$313.92	01/22/2018
Code <u>0</u>	ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.13	\$4.75	04/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					\$829.14	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)							

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 53 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF
			AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Code 0 Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$210.02	08/30/2018
Code 0 Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$20.00	\$32,676.77	08/02/2010
Code 0 Uber 555 Market St Ste 1400 San Francisco, CA 94105		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$8.41	\$52.64	01/24/2018
Code 0 United Airlines PO Box 66100 Chicago, IL 60666		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$384.20	\$7,147.70	10/22/2018
Code 0 Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$1,500.00	\$7,047.51	06/14/2018
Code 0 1st Source Bank 100 N Michigan St South Bend, IN 46601		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.83	\$904.13	12/19/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$1,933.68	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)					

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 54 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Cafe Navarre 101 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$200.00	\$395.18	08/03/2018
Code <u>O</u> Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit card fee	\$1.24	\$9.98	03/01/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$7.99	\$85.68	01/29/2018
Code <u>O</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$10.90	\$69.96	09/24/2018
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$884.30	12/03/2018
Code <u>O</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$132.38	\$1,811.62	10/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEQUEL B</b>				\$397.46		
<b>TOTAL OF ALL PAGES OF SCHEQUEL B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 55 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Sunoco Gas Station 1335 Portage Ave South Bend, IN 46616			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$39.36	\$68.90	08/06/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$4.72	01/31/2018
Code <u>O</u>	Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601	Finance Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Consulting	\$2,700.00	\$8,100.00	03/05/2018
Code <u>O</u>	Overgaard's Artcraft Printers 2213 S Michigan St South Bend, IN 46613			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Printing	\$690.69	\$1,435.41	09/17/2018
Code <u>O</u>	1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Checks	\$85.50	\$689.60	09/18/2018
Code <u>O</u>	Overgaard's Artcraft Printers 2213 S Michigan St South Bend, IN 46613			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Holiday Party Invitations	\$112.03	\$1,782.84	12/14/2018
SUBTOTAL THIS PAGE OF SCHEDULE B					\$3,628.82		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule

FILE NUMBER

Page 56 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Payroll	\$8,000.00	\$124,360.35	12/28/2018
Code <u>D</u>	Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel Internet	\$49.95	\$318.06	07/18/2018
Code <u>D</u>	Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601		Finance Director	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Campaign Consulting	\$2,700.00	\$2,700.00	01/04/2018
Code <u>O</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Payroll	\$1.58	\$62,340.35	10/30/2018
Code <u>D</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Payroll	\$800.00	\$5,532.51	06/01/2018
Code <u>D</u>	Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel Internet	\$49.95	\$517.86	11/19/2018
SUBTOTAL THIS PAGE OF SCHEDULE B					\$11,601.48		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 57 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel Internet</u>	\$49.95	\$368.01	08/20/2018
Code <u>O</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$185.80	\$4,848.30	07/24/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$730.20	\$730.20	01/12/2018
Code <u>O</u> Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Rent</u>	\$1,012.35	\$3,037.05	09/06/2018
Code <u>O</u> Martin's Super Market LLC 7355 Heritage Square Dr Granger, IN 46530			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food</u>	\$105.00	\$105.00	12/13/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$5.96	\$115.88	06/05/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$2,089.26		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 58 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Bank Fee</u>	\$44.95	\$474.30	07/03/2018
Code <u>O</u>	NGP VAN, Inc. PO Box 392264 Pittsburgh, PA 15251			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Campaign Software</u>	\$60.00	\$2,160.00	10/10/2018
Code <u>O</u>	Lyft 548 Market St. # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$9.18	\$59.06	08/24/2018
Code <u>O</u>	Lyft 548 Market St. # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$26.81	\$123.17	10/11/2018
Code <u>O</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$380.60	\$2,219.80	02/23/2018
Code <u>O</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$274.80	\$9,104.30	12/14/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					\$796.34	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)							

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 59 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> South Bend Chocolate Company 122 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$40.12	\$117.14	07/06/2018
Code <u>O</u> Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617	Mayor		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$124.30	\$153.30	02/28/2018
Code <u>D</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$376.20	\$7,857.10	11/28/2018
Code <u>D</u> Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601	Finance Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Consulting	\$2,700.00	\$10,800.00	04/12/2018
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$754.50	10/03/2018
Code <u>O</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$456.80	\$6,737.50	08/31/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$3,742.37		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including In-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 60 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose credit Card Fee	\$1.75	\$211.77	09/10/2018
Code D Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$15.25	\$306.97	12/21/2018
Code O Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617		Mayor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$152.12	\$305.42	03/26/2018
Code D Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$24.84	\$14,782.35	07/12/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.04	\$244.05	10/24/2018
Code O New Media Campaigns 118 E Main St Ste A Carrboro, NC 27510			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Websites	\$6,750.00	\$7,632.00	11/06/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$6,945.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 61 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (If applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>0</u> Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose office Supplies	\$97.02	\$955.95	12/04/2018
Code <u>0</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$7.07	\$49.88	07/13/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$17.04	\$229.49	04/19/2018
Code <u>0</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$132.38	\$1,618.30	09/04/2018
Code <u>0</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$3.33	\$207.05	08/08/2018
Code <u>0</u> ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$16.13	\$20.88	05/03/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$273.77		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14/10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 62 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE AND PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>	Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$38.07	\$267.56	04/20/2018
Code <u>0</u>	Committee to Elect Joe Taylor III PO Box 1294 South Bend, IN 46624		State Representative	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Campaign Contribution</u>	\$250.00	\$250.00	08/15/2018
Code <u>0</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Payroll</u>	\$10.00	\$78,360.35	12/10/2018
Code <u>0</u>	Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$21.08	\$135.86	02/05/2018
Code <u>0</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$1.75	\$11.73	03/08/2018
Code <u>0</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Technical Fee</u>	\$1.73	\$208.78	08/22/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					\$322.63		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 63 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$39.14	\$106.95	05/14/2018
Code <u>O</u> Vantiv 8500 Governors Bill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$0.54	\$248.12	11/21/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$512.00	\$3,022.80	03/14/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$843.00	\$1,573.20	02/16/2018
Code <u>O</u> Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$240.64	10/01/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$5.00	\$338.78	06/11/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,400.92		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 64 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Chase Ink Business Plus 270 Park Ave New York, NY 10017			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Payment- Food and Travel	\$1,629.56	\$2,002.15	05/09/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Cr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$0.54	\$248.66	11/27/2018
Code <u>O</u>	Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$6.33	\$129.05	10/03/2018
Code <u>O</u>	AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$121.22	\$621.89	04/04/2018
Code <u>O</u>	Hotels.Com 5400 Lyndon B Johnson Fwy Dallas, TX 75240			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$177.84	\$352.16	08/30/2018
Code <u>O</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$20.72	\$20.72	01/24/2018
<b>SUBTOTAL THIS PAGE OF SCHEQUEL B</b>					\$1,956.21		
<b>TOTAL OF ALL PAGES OF SCHEQUEL B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

**FILE NUMBER**

Page 65 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>  ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.13	\$115.82	09/06/2018
Code <u>O</u>  United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$384.20	\$7,147.70	10/22/2018
Code <u>D</u>  Sheraton Sioux Falls & Convention Center 1211 N West Ave Sioux Falls, SD 57104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$132.90	\$132.90	05/01/2018
Code <u>D</u>  University Of Notre Dame 112 N Notre Dame Ave Notre Dame, IN 46556			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Football Tickets	\$1,200.00	\$1,200.00	10/23/2018
Code <u>O</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$884.30	12/03/2018
Code <u>O</u>  Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$9.51	\$702.19	10/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,747.69		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 66 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, Zip code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> BP 2326 S 11th St Niles, MI 49120		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$40.22	\$74.25	09/26/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel Internet</u>	\$6.37	\$118.26	04/16/2018
Code <u>D</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Cell phone</u>	\$208.44	\$1,317.86	08/06/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$1.75	\$1.75	01/10/2018
Code <u>O</u> Sunoco Gas Station 1335 Portage Ave South Bend, IN 46616		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Gas</u>	\$29.54	\$29.54	03/05/2018
Code <u>O</u> Lyft 548 Market St # 68514 San Francisco, CA 94104		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$8.88	\$315.85	12/24/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$295.20</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>			<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 67 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Courtyard Marriott, South Bend 121 Dr Martin Luther King Jr Dr S South Bend, IN			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Election Watch	\$242.18	\$262.60	11/06/2018
Code <u>D</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$29.10	\$135.86	02/05/2018
Code <u>O</u> AT&T Wireless PD Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$134.19	\$500.67	03/05/2018
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$819.40	11/05/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel Internet	\$49.95	\$417.96	09/18/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$30,000.00	\$108,360.35	12/27/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$30,500.37		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 68 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> United States Postal Service South Bend 424 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Postage	\$125.00	\$255.42	07/18/2018
Code <u>O</u> ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.36	\$1.36	01/04/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$4,700.00	\$5,532.51	06/01/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$18.35	\$447.83	10/16/2018
Code <u>O</u> Satya For Madison 2642 Hoard St Madison, WI 53704		Mayor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose contribution	\$200.00	\$200.00	08/20/2018
Code <u>O</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$693.70	\$3,790.90	04/24/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$5,738.41		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 69 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$3.48	01/22/2018
Code O United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$316.20	\$4,155.20	05/04/2018
Code O 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$409.40	06/04/2018
Code O Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$249.80	\$7,363.70	10/09/2018
Code O Sheraton Columbus Capitol Square 75 E State St Columbus, OH 43215			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$263.12	\$263.12	04/20/2018
Code O Swager for County Commissioner PO Box 365 12412 Bittersweet Cmns E Granger, IN 46530		County Commissioner	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Contribution	\$100.00	\$100.00	09/20/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$975.80	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEOULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>						

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 70 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>O</u> Peter Buttigieg 107 W North Shore Or South Bend, IN 46617	Mayor		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$182.80	\$620.11	09/06/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel Internet	\$49.95	\$99.90	02/22/2018
Code <u>O</u> Amtrak 50 Massachusetts Ave NE Washington, DC 20002			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$106.00	\$564.70	03/23/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$274.80	\$9,104.30	12/14/2018
Code <u>O</u> ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$27.38	\$86.89	07/05/2018
Code <u>O</u> Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$19.42	05/01/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$642.17		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 71 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Wire Fee</u>	\$20.00	\$149.80	02/27/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$1.75	\$16.45	04/10/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$8.75	\$171.67	07/10/2018
Code <u>O</u> Cafe Navarre 101 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food and Beverage</u>	\$195.18	\$395.18	08/03/2018
Code <u>O</u> American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$27.88	\$811.66	09/10/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food and Beverage</u>	\$10.50	\$31.22	01/29/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$264.06		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 72 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code O Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$992.60	\$2,274.40	03/30/2018
Code O Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$11.90	\$491.07	12/21/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$0.08	\$244.05	10/24/2018
Code O AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>cell phone</u>	\$60.94	\$1,679.24	09/25/2018
Code O NGP VAN, Inc. PO Box 392264 Pittsburgh, PA 15251			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Campaign Software</u>	\$1,140.00	\$3,300.00	11/05/2018
Code O Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Rent</u>	\$1,012.35	\$4,049.40	10/05/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$3,217.87		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 73 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$10.07	\$49.88	07/13/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$16.62	\$186.57	04/18/2018
Code <u>0</u> Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Rent</u>	\$1,012.35	\$2,024.70	08/08/2018
Code <u>0</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$390.50	\$3,507.50	04/20/2018
Code <u>0</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Payroll</u>	\$10.00	\$78,360.35	12/10/2018
Code <u>0</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Bank Fee</u>	\$44.95	\$129.80	02/05/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,484.49		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 74 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code O Distrikt Hotel 342 W 40th St New York, NY 10018			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$395.00	\$423.69	10/15/2018
Code O Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Payroll	\$1.29	\$32.51	05/31/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose technical fee	\$2.76	\$174.43	07/13/2018
Code O SpringHill Suites by Marriott San Antonio Downtown/Riverwal k Area 524 S Saint Marys St			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$138.93	\$138.93	03/12/2018
Code O United States Postal Service South Bend 424 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Envelope Costs for Mailing to DC (Perkins)	\$9.94	\$315.81	10/22/2018
Code O Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601	Finance Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Campaign Consulting	\$2,700.00	\$5,400.00	02/15/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$3,247.92		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 75 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$239.40	09/19/2018
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$474.30	07/03/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$203.72	07/31/2018
Code <u>O</u> NGP VAN, Inc. PO Box 392264 Pittsburgh, PA 15251			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Software	\$1,050.00	\$1,050.00	06/11/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel internet	\$49.95	\$467.91	10/18/2018
Code <u>O</u> United States Postal Service South Bend 424 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$50.45	\$305.87	10/10/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,173.32		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 76 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>O</u>  Amtrak 50 Massachusetts Ave NE Washington, DC 20002			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$128.00	\$692.70	11/26/2018
Code <u>O</u>  Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601	Finance Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>health care coverage reimbursement</u>	\$2,055.00	\$15,555.00	10/18/2018
Code <u>O</u>  Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food and Beverage</u>	\$10.00	\$62,338.77	10/02/2018
Code <u>O</u>  Woochi Japanese Fusion & Bar 123 W Washington St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food and Beverage</u>	\$206.41	\$206.41	08/01/2018
Code <u>O</u>  Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$14.50	\$44.23	01/23/2018
Code <u>O</u>  Hotels.Com 5400 Lyndon B Johnson Fwy Dallas, TX 75240			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$101.18	\$453.34	10/22/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$2,515.09		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 77 Df 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>  New Media Campaigns 118 E Main St Ste A Carrboro, NC 27510			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Website	\$294.00	\$588.00	05/14/2018
Code <u>O</u>  Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel Internet	\$49.95	\$567.81	12/18/2018
Code <u>D</u>  Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$456.80	\$6,737.50	08/31/2018
Code <u>D</u>  Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$0.54	\$242.93	10/22/2018
Code <u>D</u>  Matthew McKenna 801 Napoleon St South Bend, IN 46617	Political Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for food and travel	\$139.49	\$639.49	10/04/2018
Code <u>O</u>  Jim Harper for Indiana 806 Academy St Valparaiso, IN 46383	Secretary of State		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Contribution	\$500.00	\$500.00	09/26/2018
SUBTOTAL THIS PAGE OF SCHEDULE B				\$1,440.78		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 78 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>	Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$21.83	\$254.69	11/29/2018
Code <u>0</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$94.20	\$3,117.00	04/12/2018
Code <u>0</u>	1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Bank Fee</u>	\$44.95	\$539.20	08/03/2018
Code <u>0</u>	Matthew McKenna 801 Napoleon St South Bend, IN 46617	Political Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Campaign Consulting</u>	\$500.00	\$500.00	01/30/2018
Code <u>0</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$291.00	\$2,510.80	03/05/2018
Code <u>0</u>	Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$1.00	\$492.07	12/24/2018
<b>SUBTOTAL THIS PAGE OF SCHEQUEL B</b>					\$952.98	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEQUEL B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 79 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>  Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel Internet	\$49.95	\$218.16	05/18/2018
Code <u>0</u>  AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$132.76	\$2,199.02	12/04/2018
Code <u>0</u>  American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$10.49	\$822.15	10/12/2018
Code <u>0</u>  Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$927.80	\$927.80	02/05/2018
Code <u>0</u>  Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel Internet	\$5.99	\$105.89	03/05/2018
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$819.40	11/05/2018
SUBTOTAL THIS PAGE OF SCHEDULE B				\$1,146.94		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 80 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$108.68	05/22/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$14.86	\$353.64	06/25/2018
Code <u>O</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$60.94	\$2,259.96	12/27/2018
Code <u>D</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$31.22	\$14,840.77	07/17/2018
Code <u>O</u> Detroit Marriott at the Renaissance Center 400 Renaissance Ctr Detroit, MI 48243			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$286.35	\$286.35	10/30/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$588.50	\$5,604.50	06/01/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				<b>\$983.60</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)				<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 81 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$344.50	05/03/2018
Code <u>0</u>  Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617	Mayor		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$699.69	\$1,319.80	10/18/2018
Code <u>0</u>  Tapastrie 103 W Colfax Ave South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$321.00	\$356.00	09/19/2018
Code <u>0</u>  Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$188.20	\$7,363.70	10/09/2018
Code <u>0</u>  Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$17.99	\$42.98	01/05/2018
Code <u>0</u>  Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$245.29	10/31/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,273.07	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>						

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 82 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Lyft 548 Market St # 68514 San Francisco, CA 94104		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$21.97	\$276.66	12/13/2018
Code <u>D</u>	1st Source Bank 100 N Michigan St South Bend, IN 46601		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Bank Fee</u>	\$19.95	\$409.40	06/04/2018
Code <u>D</u>	United Airlines PO Box 66100 Chicago, IL 60666		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$235.80	\$6,379.30	10/09/2018
Code <u>D</u>	Uber 555 Market St Ste 1400 San Francisco, CA 94105		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>travel</u>	\$5.00	\$358.64	08/20/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$1.24	\$14.70	03/29/2018
Code <u>D</u>	Suzanna Fritzberg 322 E Colfax Ave Apt 104 South Bend, IN 46617	Deputy Chief of Staff	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Reimbursement for Food and travel</u>	\$107.00	\$107.00	07/20/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$390.96		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 83 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	St. Joseph County Democratic Party 135 S Lafayette Blvd South Bend, IN 46601		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Rent	\$1,800.00	\$1,800.00	01/12/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$8.74	02/22/2018
Code <u>O</u>	Amtrak 50 Massachusetts Ave NE Washington, DC 20002		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$458.70	\$564.70	03/23/2018
Code <u>O</u>	Belmont Beverage 254 N Dixie Way South Bend, IN 46637		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Beverage	\$101.56	\$101.56	12/14/2018
Code <u>O</u>	Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$871.60	\$4,662.50	07/05/2018
Code <u>O</u>	AT&T Wireless PO Box 6416 Carol Stream, IL 60197		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$168.06	\$1,485.92	08/28/2018
SUBTOTAL THIS PAGE OF SCHEDULE B				\$3,401.65		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 84 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code O Courtyard by Marriott New York Manhattan/Central Park 1717 Broadway New York, NY 10019			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$693.22	\$693.22	03/26/2018
Code O Hitting Home PAC 700 13th St NW Ste 600 Washington, DC 20005			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Campaign contribution	\$5,000.00	\$5,000.00	02/27/2018
Code O Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Payroll	\$8,000.00	\$124,360.35	12/28/2010
Code O Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$280.80	\$2,555.20	04/10/2018
Code O 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Bank Fee	\$19.95	\$754.50	10/03/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$0.54	\$252.73	12/20/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$13,994.51	\$13,994.51	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22	\$218,010.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17e of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 85 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel Internet	\$49.95	\$268.11	06/18/2018
Code <u>0</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$13.94	\$13.94	07/11/2018
Code <u>0</u> Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Rent	\$1,012.35	\$5,061.75	11/02/2018
Code <u>0</u> NGP VAN, Inc. PO Box 392264 Pittsburgh, PA 15251			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Software	\$1,050.00	\$2,100.00	09/14/2018
Code <u>0</u> Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$33.99	\$702.19	10/04/2018
Code <u>0</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$27.20	\$14,809.55	07/13/2018
<b>SUBTOTAL THIS PAGE OF SCHEQUEL B</b>				\$2,187.43		
<b>TOTAL OF ALL PAGES OF SCHEQUEL B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 86 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O	Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Rent	\$1,012.35	\$2,024.70	08/08/2018
Code O	Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$18.74	\$64.48	05/03/2018
Code O	Residence Inn by Marriott Charlotte Uptown 404 S Mint St Charlotte, NC 28202			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$174.03	\$348.06	10/15/2018
Code O	BP 2326 S 11th St Niles, MI 49120			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$47.02	\$121.27	10/29/2018
Code O	Ben Jealous for Governor PO Box 8715 Silver Spring, MD 20907		Governor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Campaign Contribution	\$250.00	\$250.00	03/20/2018
Code O	Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$1.73	\$18.18	04/20/2018
SUBTOTAL THIS PAGE OF SCHEDULE B					\$1,503.87		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 87 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>  AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$211.33	\$211.33	01/04/2018
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$604.10	09/04/2018
Code <u>0</u>  Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.75	\$252.19	12/10/2018
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$129.80	02/05/2018
Code <u>0</u>  1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$214.70	03/05/2018
Code <u>0</u>  American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Flight	\$371.20	\$1,601.65	10/15/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$669.13		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 88 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$727.60	\$5,016.00	05/31/2018
Code <u>O</u> South Bend Chocolate Company 122 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Food and Beverage</u>	\$77.02	\$77.02	04/23/2018
Code <u>O</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$487.80	\$5,336.10	08/16/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$8.31	\$153.39	03/12/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$0.54	\$7.01	02/08/2018
Code <u>O</u> Vantiv 8500 Governors Bill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$13.50	\$162.92	07/03/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,314.77		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 89 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$17,816.00	\$32,656.77	07/30/2018
Code <u>O</u> American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$371.20	\$1,996.74	11/26/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$539.00	\$6,143.50	10/01/2018
Code <u>O</u> 4Imprint, Inc. 101 Commerce St Oshkosh, WI 54901			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose printing	\$299.99	\$299.99	08/01/2018
Code <u>O</u> Peter Ringenberg 3717 Langley Dr South Bend, IN 46614	Photographer		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose photos	\$875.00	\$875.00	09/28/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel Internet	\$49.95	\$49.95	01/22/2018
SUBTOTAL THIS PAGE OF SCHEDULE B				\$19,951.14		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 90 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Hilton Garden Inn 800 Southpark Blvd Colonial Heights, VA 23834			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$154.34	\$308.68	10/13/2018
Code <u>O</u>	New Media Campaigns 118 E Main St Ste A Carrboro, NC 27510			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Website</u>	\$294.00	\$588.00	05/14/2018
Code <u>O</u>	Belmont Beverage 254 N Dixie Way South Bend, IN 46637			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Food and Beverage</u>	\$72.17	\$173.73	12/17/2010
Code <u>O</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Payroll</u>	\$8,000.00	\$78,340.35	11/27/2018
Code <u>O</u>	American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$578.30	\$811.66	09/10/2018
Code <u>O</u>	uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$6.88	\$59.52	01/26/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					<b>\$9,105.69</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 91 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u>	Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose office Supplies	\$529.64	\$702.19	10/04/2018
Code <u>0</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Technical fee-	\$1.24	\$250.44	11/29/2018
Code <u>0</u>	Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$343.20	\$2,898.40	04/11/2018
Code <u>0</u>	Sunoco Gas Station 1335 Portage Ave South Bend, IN 46616			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$35.57	\$104.47	10/29/2018
Code <u>0</u>	1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$539.20	08/03/2018
Code <u>0</u>	The Mayflower Botel, Autograph Collection 1127 Connecticut Ave NW Washington, DC 20036			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$167.57	\$167.57	01/29/2018
<b>SUBTOTAL THIS PAGE OF SCHEOULE B</b>					\$1,097.17	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEOULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>							

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 92 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$126.36	06/20/2018
Code <u>O</u> Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose office Supplies	\$125.76	\$858.93	12/03/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$3,000.00	\$62,328.77	09/27/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.75	\$242.39	10/12/2018
Code <u>O</u> Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel Internet	\$49.95	\$168.21	04/18/2018
Code <u>O</u> United States Postal Service South Bend 424 S Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Postage	\$130.42	\$130.42	06/25/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$3,309.61		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4808 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 93 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$0.58	\$253.85	12/27/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$26.32	\$200.75	07/16/2018
Code <u>D</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$31.46	\$154.63	10/12/2018
Code <u>O</u> Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Office Supplies	\$30.98	\$733.17	11/13/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Technical Fee	\$1.24	\$255.09	12/31/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.73	\$202.48	07/20/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$92.31		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 94 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Office Supplies</u>	\$24.99	\$42.98	01/05/2018
Code <u>O</u>	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Food and Beverage</u>	\$15.00	\$5,547.51	06/04/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$0.54	\$248.12	11/21/2018
Code <u>O</u>	Overgaard's Artcraft Printers 2213 S Michigan St South Bend, IN 46613			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Printing</u>	\$502.90	\$502.90	01/12/2018
Code <u>O</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$200.00	\$1,839.20	02/20/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$8.75	\$124.63	06/08/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					<b>\$752.18</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 95 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$3.33	\$67.81	05/09/2018
Code <u>0</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Cell phone	\$136.87	\$1,109.42	07/05/2018
Code <u>0</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$19,316.00	\$51,992.77	08/27/2018
Code <u>0</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$2,000.00	\$13,257.51	07/09/2018
Code <u>0</u> Tapastrie 103 W Colfax Ave South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$35.00	\$356.00	09/19/2018
Code <u>0</u> Joe Donnelly For Indiana PO Box 891 Indianapolis, IN 46206			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Contribution	\$1,000.00	\$1,000.00	11/02/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$22,491.20		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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Page 96 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$4,316.00	\$59,328.77	09/13/2018
Code <u>D</u> BP 2326 S 11th St Niles, MI 49120			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$34.03	\$34.03	09/24/2018
Code <u>O</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$0.54	\$253.27	12/24/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$1,500.00	\$14,782.35	07/12/2018
Code <u>D</u> Hilton Garden Inn 800 Southpark Blvd Colonial Heights, VA 23834			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$154.34	\$308.68	10/13/2018
Code <u>O</u> Residence Inn by Marriott Charlotte Uptown 404 S Mint St Charlotte, NC 28202			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$174.03	\$348.06	10/15/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$6,178.94		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 97 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose cell phone	\$132.76	\$2,005.32	11/05/2018
Code <u>O</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$697.60	\$8,554.70	12/06/2018
Code <u>O</u> Matthew McKenna 801 Napoleon St South Bend, IN 46617	Political Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Reimbursement for Food and Travel	\$643.74	\$1,283.23	10/09/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose travel	\$3.00	\$229.49	04/19/2018
Code <u>O</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$64.90	01/03/2018
Code <u>O</u> Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$20.00	\$55,012.77	09/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,542.05		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities **OVER \$100** per recipient within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount**, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) **MUST** be itemized on this schedule.

FILE NUMBER

Page 98 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code O 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$344.50	05/03/2018
Code O ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.13	\$2.49	02/05/2018
Code O 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$19.95	\$214.70	03/05/2018
Code O Hotels.Com 5400 Lyndon B Johnson Fwy Dallas, TX 75240			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$379.70	\$833.04	12/07/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$109.92	05/31/2018
Code O Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$1.24	\$127.60	06/29/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$423.21		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 99 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$188.20	\$7,363.70	10/09/2018
Code <u>0</u> Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$198.80	\$3,097.20	04/20/2018
Code <u>0</u> Botels.Com 5400 Lyndon B Johnson Fwy Dallas, TX 75240			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$174.32	\$174.32	08/16/2018
Code <u>0</u> 1st Source Bank 100 N Michigan St South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Bank Fee</u>	\$44.95	\$604.10	09/04/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel</u>	\$6.22	\$153.39	03/12/2018
Code <u>0</u> Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$1.75	\$7.01	02/08/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$614.24		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 100 Df 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Credit Card Fee	\$10.00	\$11,257.51	07/02/2018
Code O	uber 555 Market St Ste 1400 San Francisco, CA 94105		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$13.06	\$371.70	09/21/2018
Code O	Square Inc. 1455 Market St Ste 600 San Francisco, CA 94103		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Payroll	\$8,000.00	\$70,340.35	10/31/2018
Code O	American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$23.89	\$1,996.74	11/26/2018
Code D	Uber 555 Market St Ste 1400 San Francisco, CA 94105		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$26.50	\$398.20	10/01/2018
Code D	1st Source Bank 100 N Michigan St South Bend, IN 46601		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Bank Fee	\$44.95	\$279.60	04/03/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				<b>\$8,118.40</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				<b>\$218,010.22</b>		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule

FILE NUMBER

Page 101 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (If applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617		Mayor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Reimbursement for Food and Travel	\$63.66	\$437.31	08/01/2018
Code <u>0</u> Marriott Salt Lake City 220 S State St Salt Lake City, UT 84111			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$156.96	\$313.92	01/22/2018
Code <u>0</u> Boston Marriott Copley Place 110 Huntington Ave Boston, MA 02116			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$755.38	\$755.38	06/12/2018
Code <u>0</u> New Media Campaigns 118 E Main St Ste A Carrboro, NC 27510			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Website	\$294.00	\$882.00	09/25/2018
Code <u>0</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Cell phone	\$60.94	\$2,066.26	11/27/2018
Code <u>0</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$16.56	\$169.95	04/10/2018
SUBTOTAL THIS PAGE OF SCHEDULE B				\$1,347.50		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R14 / 10-17)  
Indiana Election Division (IC 3-8-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 102 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>  American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$64.68	\$205.48	08/30/2018
Code <u>O</u>  Jewett Printing 219 W Main St Farmersburg, IN 47850			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Printing</u>	\$481.92	\$481.92	01/26/2018
Code <u>O</u>  Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$21.87	\$333.78	05/17/2018
Code <u>O</u>  American Airlines 4580 Amon Carter Blvd Fort Worth, TX 76155			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>travel</u>	\$468.60	\$2,465.34	12/19/2018
Code <u>O</u>  Gogo Inflight 1250 N Arlington Heights Rd Ste 500 Itasca, IL 60143			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Travel Internet</u>	\$6.00	\$111.89	04/11/2018
Code <u>O</u>  ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose <u>Credit Card Fee</u>	\$27.80	\$114.69	08/03/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,070.87		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 103 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXONOTURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> Matthew Cruz 237 Dr Martin Luther King Jr Dr N Apt 608 South Bend, IN 46601	Finance Director		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Campaign Consulting	\$2,700.00	\$13,500.00	05/02/2018
Code <u>O</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$18.17	\$85.68	01/29/2018
Code <u>O</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$6.77	\$194.98	10/23/2018
Code <u>D</u> Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Travel	\$31.34	\$479.17	12/03/2018
Code <u>D</u> Courtyard Marriott, South Bend 121 Dr Martin Luther King Jr Dr S South Bend, IN 46601			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose Food and Beverage	\$20.42	\$20.42	09/27/2018
Code <u>O</u> Italian American Heritage Society of Notre Dame/Michiana PO Box 1201 South Bend, IN 46624			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose contribution	\$150.00	\$150.00	08/08/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$2,926.70	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>						

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

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Page 104 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$354.00	\$1,281.80	03/05/2018
Code <u>O</u>	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$133.20	\$4,288.40	05/21/2018
Code <u>O</u>	Ies Moines Marriott Hotel 700 Grand Ave Des Moines, IA 50309			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$375.86	\$375.86	12/24/2018
Code <u>D</u>	Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$9.84	\$49.88	07/13/2018
Code <u>O</u>	AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Cell phone</u>	\$60.94	\$1,872.56	10/29/2018
Code <u>O</u>	Vantiv 8500 Governors Hill Or Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$1.75	\$247.04	11/08/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					\$935.59		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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Page 105 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$856.80	\$9,961.10	12/31/2018
Code <u>0</u> Hebard Tower, LLC 107 N Eddy St South Bend, IN 46617			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Rent</u>	\$1,191.00	\$6,252.75	12/03/2018
Code <u>0</u> Chase Ink Business Plus 270 Park Ave New York, NY 10017			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Payment- Food and Travel</u>	\$381.66	\$2,383.81	07/19/2018
Code <u>0</u> Peter Buttigieg 107 W North Shore Dr South Bend, IN 46617	Mayor		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Reimbursement for Food and Travel</u>	\$29.00	\$29.00	01/04/2018
Code <u>0</u> United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Travel</u>	\$193.20	\$4,155.20	05/04/2018
Code <u>0</u> ActBlue PO Box 441146 West Somerville, MA 02144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose <u>Credit Card Fee</u>	\$38.63	\$59.51	06/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$2,690.29		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 106 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code O	Delta Airlines, Inc. 1030 Delta Blvd Atlanta, GA 30354			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$487.80	\$5,823.90	08/20/2018
Code O	Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$44.35	\$311.91	04/27/2018
Code O	Uber 555 Market St Ste 1400 San Francisco, CA 94105			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$29.73	\$29.73	01/12/2018
Code O	United Airlines PO Box 66100 Chicago, IL 60666			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$66.00	\$1,839.20	02/20/2018
Code O	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$1.73	\$13.46	03/21/2018
Code O	AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Cell phone	\$122.34	\$744.23	05/04/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>					\$751.95		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>					\$218,010.22		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4608 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 107 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> AT&T Wireless PO Box 6416 Carol Stream, IL 60197			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose cell phone	\$228.32	\$972.55	06/05/2018
Code <u>0</u> Overgaard's Artcraft Printers 2213 S Michigan St South Bend, IN 46613			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose printing	\$241.82	\$744.72	07/05/2018
Code <u>0</u> JW Marriott Grand Rapids 235 Louis St NW Grand Rapids, MI 49503			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$217.35	\$217.35	08/27/2018
Code <u>0</u> Distrikt Hotel 342 W 40th St New York, NY 10018			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose food and Beverage	\$28.69	\$423.69	10/15/2018
Code <u>0</u> Hilton- Austin, Texas 500 E 4th St Austin, TX 78701			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$894.00	\$894.00	02/27/2018
Code <u>0</u> Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose travel	\$15.06	\$291.72	12/17/2018
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>				\$1,625.24	\$218,010.22	
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)</b>				\$218,010.22	\$218,010.22	

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
**ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations, and other entities OVER \$100 per recipient within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount, paid to political committees, (such as transfer-out from candidate, legislative caucus, political action, or regular party committee) MUST be itemized on this schedule.

FILE NUMBER

Page 108 of 108

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u>	Amazon.com 1200 12th Ave S Ste 1200 Seattle, WA 98144			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose office Supplies	\$79.74	\$129.05	10/03/2018
Code <u>D</u>	Lyft 548 Market St # 68514 San Francisco, CA 94104			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Travel	\$26.40	\$96.36	09/28/2018
Code <u>D</u>	Overgaard's Artcraft Printers 2213 S Michigan St South Bend, IN 46613			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Printing	\$235.40	\$1,670.81	09/24/2018
Code <u>D</u>	Vantiv 8500 Governors Hill Dr Symmes Twp, OH 45249			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose Credit Card Fee	\$0.54	\$249.20	11/28/2018

SUBTOTAL THIS PAGE OF SCHEDULE B	\$342.08
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)	\$218,010.22